

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Wells Fargo Checking Acct. 5749	C	\$235.00
		Fort Worth Community Bank Savings Acct.	C	\$5.00
		First Convenience Checking Account	C	\$1,400.00
		Wells Fargo CD	C	\$5,000.00
		Fort Worth Community Bank CD	C	\$5,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Bedroom Furniture, Living Room Furniture and Dining Room Furniture	C	\$900.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing, shoes & accessories	C	\$100.00
7. Furs and jewelry.		Jewelry	C	\$175.00
8. Firearms and sports, photographic, and other hobby equipment.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Farmers Insurance Whole Life Insurance	C	\$500.00
		Primerica Term Life Insurance	C	\$0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Fort Worth ISD 401K	C	\$4,000.00
		Right to receive FWISD Retirement \$1,694.56 per month	C	\$1,694.56
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Motor Vehicle Accident Claim (pending claim-personal and property damage)	C	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Ford Taurus (not running)	C	\$2,000.00
		2005 GMC Van Mileage 108,130 NADA Value	C	\$3,450.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
			Total >	\$24,459.56

B6C (Official Form 6C) (4/13)

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds
\$155,675.*☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Homestead 2501 Vogt St., Fort Worth, Texas 76124	11 U.S.C. § 522(d)(1)	\$20,000.00	\$20,000.00
Sunshine Hill Block B Lot 1			
TAD Value			
Wells Fargo Checking Acct. 5749	11 U.S.C. § 522(d)(5)	\$235.00	\$235.00
Fort Worth Community Bank Savings Acct.	11 U.S.C. § 522(d)(5)	\$5.00	\$5.00
First Convenience Checking Account	11 U.S.C. § 522(d)(5)	\$0.00	\$1,400.00
Wells Fargo CD	11 U.S.C. § 522(d)(5)	\$3,000.00	\$5,000.00
Fort Worth Community Bank CD	11 U.S.C. § 522(d)(5)	\$960.00	\$5,000.00
Bedroom Furniture, Living Room Furniture and Dining Room Furniture	11 U.S.C. § 522(d)(3)	\$900.00	\$900.00
Clothing, shoes & accessories	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
Jewelry	11 U.S.C. § 522(d)(4)	\$175.00	\$175.00
Farmers Insurance Whole Life Insurance	11 U.S.C. § 522(d)(7)	\$500.00	\$500.00
Primerica Term Life Insurance	11 U.S.C. § 522(d)(7)	\$0.00	\$0.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$25,875.00	\$33,315.00

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Fort Worth ISD 401K	11 U.S.C. § 522(d)(12)	\$4,000.00	\$4,000.00
Right to receive FWISD Retirement \$1,694.56 per month	11 U.S.C. § 522(d)(12)	\$1,694.56	\$1,694.56
2006 Ford Taurus (not running)	11 U.S.C. § 522(d)(2)	\$2,000.00	\$2,000.00
2005 GMC Van Mileage 108,130 NADA Value	11 U.S.C. § 522(d)(2)	\$0.00	\$3,450.00
		\$33,569.56	\$44,459.56

B6D (Official Form 6D) (12/07)

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxxxxxx1000 Chrysler Capital P.O. Box 961275 Fort Worth, TX 76161	-	DATE INCURRED: 7/13/2013 NATURE OF LIEN: Auto Loan COLLATERAL: 2005 GMC Van REMARKS: In Plan VALUE: \$3,450.00				\$6,608.63	\$3,158.63
ACCT #: First Convenience Bank P.O. Box 909 Killeen, TX 76540	-	DATE INCURRED: NATURE OF LIEN: Loan COLLATERAL: First Convenience Checking Account REMARKS: In Plan VALUE: \$1,400.00				\$1,900.00	\$500.00
ACCT #: xxxxxx0145 Fort Worth Community C 1905 Forest Ridge Road Bedford, TX 76095	-	DATE INCURRED: 10/17/2013 NATURE OF LIEN: Charge Account COLLATERAL: Fort Worth Community Bank CD REMARKS: In Plan VALUE: \$5,000.00				\$2,500.00	
ACCT #: xxxxxxxxxx1116 GECRB/Ashley Homestore 950 Forrer Blvd Kettering, OH 45420	-	DATE INCURRED: 3/3/2013 NATURE OF LIEN: Charge Account COLLATERAL: Household Furniture REMARKS: In Plan VALUE: \$900.00				\$1,434.00	\$534.00
Subtotal (Total of this Page) >						\$12,442.63	\$4,192.63
Total (Use only on last page) >							

1 continuation sheets attached

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6D (Official Form 6D) (12/07) - Cont.

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxxxxxx1349 Ocwen Loan Servicing LLC c/o Specialized Loan Servicing, LLC 8742 Lucent Blvd., Ste. 300 Highlands Ranch, CO 80129	-	DATE INCURRED: NATURE OF LIEN: Mortgage COLLATERAL: 1728 Bunch Dr., Fort Worth, Texas 76112 REMARKS: Direct Pay VALUE: \$59,500.00				\$69,000.00	\$9,500.00
ACCT #: xxxxxx1349 Ocwen Loan Servicing LLC c/o Specialized Loan Servicing, LLC 8742 Lucent Blvd., Ste. 300 Highlands Ranch, CO 80129	-	DATE INCURRED: Various NATURE OF LIEN: Mortgage arrears COLLATERAL: 1728 Bunch Dr., Fort Worth, Texas 76112 REMARKS: In Plan VALUE: \$59,500.00				\$22,171.34	
ACCT #: Wells Fargo 2801 E. Pioneer Parkway, Ste. 100 Arlington, Texas 76002	-	DATE INCURRED: NATURE OF LIEN: Signature loan COLLATERAL: Wells Fargo CD REMARKS: In Plan VALUE: \$5,000.00				\$2,000.00	
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						\$93,171.34	\$9,500.00
Subtotal (Total of this Page) >						\$93,171.34	\$9,500.00
Total (Use only on last page) >						\$105,613.97	\$13,692.63

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/13)

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re **Brenda Joyce Mitchell**Case No. 15-43913-RFN13
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Law Office Of Marilyn D. Garner 2007 E. Lamar Blvd., Suite 200 Arlington, TX 76006	-	DATE INCURRED: CONSIDERATION: Attorney Fees REMARKS:				\$2,500.00	\$2,500.00	\$0.00
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						\$2,500.00	\$2,500.00	\$0.00
						\$2,500.00		
							\$2,500.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx0108 Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205	-	DATE INCURRED: 02/08/2012 CONSIDERATION: Collection Agent REMARKS:				\$856.00
ACCT #: xxxxxx8397 Afni PO Box 3097 Bloomington, IL 61702	-	DATE INCURRED: 10/30/2012 CONSIDERATION: Collection Agent REMARKS:				\$105.00
ACCT #: Allied Interstate P.O. Box 1962 Southgate, MI 48195	-	DATE INCURRED: CONSIDERATION: Collecting for - ADT Security Systems REMARKS:				\$122.24
ACCT #: xxxxxxxxxxx18-A4 Carol Wright Gifts Dr. Leonard's Shop Now P.O. Box 2852 Monroe, WI 53566	-	DATE INCURRED: CONSIDERATION: Charge Account REMARKS:				\$108.42
ACCT #: xxxx5575 Credit Management Lp 4200 International Pkwy Carrollton, TX 75007	-	DATE INCURRED: 01/12/2012 CONSIDERATION: Collection Agent REMARKS:				\$209.00
ACCT #: xxxxx4629 Credit Systems Intl In 1277 Country Club Ln Fort Worth, TX 76112	-	DATE INCURRED: 05/30/2013 CONSIDERATION: Collection Agent REMARKS:				\$311.00
Subtotal >						\$1,711.66
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

3 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxx6711 Credit Systems Intl In 1277 Country Club Ln Fort Worth, TX 76112	-	DATE INCURRED: 06/11/2010 CONSIDERATION: Collectio Agent REMARKS:				\$108.00
ACCT #: xxxxxxxxxxx3168 Educational Emp Cu PO Box 1777 Fort Worth, TX 76101	-	DATE INCURRED: 10/22/1993 CONSIDERATION: Credit Card REMARKS:				\$596.00
ACCT #: xxxxxxxxxxx0101 Eecu 1617 W 7th St Fort Worth, TX 76101	-	DATE INCURRED: 01/22/2004 CONSIDERATION: Charge Account REMARKS:				\$794.00
ACCT #: xxxx3173 Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256	-	DATE INCURRED: 08/21/2013 CONSIDERATION: Collection Agent REMARKS:				\$212.00
ACCT #: xxxx0795 First National Bank PO Box 937 Killeen, TX 76540	-	DATE INCURRED: 10/15/2012 CONSIDERATION: Charge Account REMARKS:				\$3,384.00
ACCT #: xxx7277 Firstsource Advantage 1232 W State Rd #2 La Porte, IN 46350	-	DATE INCURRED: 05/14/2013 CONSIDERATION: Collecting for - Texas Health Forth Worth REMARKS:				\$933.00
Sheet no. <u>1</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$6,027.00
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxx8001 I C System PO Box 64378 Saint Paul, MN 55164	-	DATE INCURRED: 02/21/2013 CONSIDERATION: Collection Agent REMARKS:				\$6.00
ACCT #: xxxxxxx7001 I C System Inc PO Box 64378 Saint Paul, MN 55164	-	DATE INCURRED: 07/16/2013 CONSIDERATION: Collection Agent REMARKS:				\$57.00
ACCT #: xxxxxxx8001 I C System Inc PO Box 64378 Saint Paul, MN 55164	-	DATE INCURRED: 08/23/2010 CONSIDERATION: Collection Agent REMARKS:				\$55.00
ACCT #: Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101	-	DATE INCURRED: 2010 CONSIDERATION: 1040 Taxes REMARKS:				\$5,600.00
ACCT #: xxxxx375-1 Money Management International P.O. Box 310129 Houston, TX 77231	-	DATE INCURRED: CONSIDERATION: Collection Agent REMARKS:				\$130.00
ACCT #: xxxxx9119 Sprint PO Box 54977 Los Angeles, CA 90054	C	DATE INCURRED: CONSIDERATION: Cell Phone REMARKS:				\$3,054.67

Sheet no. 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$8,902.67

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx6495 Sw Crdt Sys 5910 W Plano Pkwy Suite 100 Plano, TX 75093	-	DATE INCURRED: 08/30/2011 CONSIDERATION: Collection Agent REMARKS:				\$137.00
ACCT #: xxxxxxxxxx-3-201 Texas Health Physician Group P.O. Box 650058 Dallas, TX 75265	-	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$270.33
ACCT #: xxxxxx3495 Texas Health Resources PO Box 975612 Dallas, TX 75397	-	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$4,509.34
ACCT #: xxx8502 United Revenue Corp 204 Billing St Ste 120 Arlington, TX 76010	-	DATE INCURRED: 06/03/2008 CONSIDERATION: Collection Agent REMARKS:				\$154.00
ACCT #: xxx9206 United Revenue Corp 204 Billing St Ste 120 Arlington, TX 76010	-	DATE INCURRED: 03/31/2011 CONSIDERATION: Collection Agent REMARKS:				\$97.00
ACCT #: xxxxxxxxxxxx8581 Us Dept pf Ed/Glelsi PO Box 7860 Madison, WI 53707	-	DATE INCURRED: 11/09/2013 CONSIDERATION: Student Loan REMARKS:				\$875.00
Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$6,042.67
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$22,684.00

B6G (Official Form 6G) (12/07)

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Spouse Name Not Entered	Sprint PO Box 54977 Los Angeles, CA 90054

Fill in this information to identify your case:

Debtor 1	Brenda	Joyce	Mitchell
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS		
Case number (if known)	15-43913-RFN13		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**CNA****Employer's name****Universal Staffing, Inc.****Employer's address****1208 Country Club Ln.**

Number Street

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

Number Street

Fort Worth

City

TX

State

76112

Zip Code

City

State Zip Code

How long employed there? **11 Years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$2,354.96	\$0.00
3. Estimate and list monthly overtime pay.	+\$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$2,354.96	\$0.00

Debtor 1 Brenda	Joyce	Mitchell	Case number (if known) 15-43913-RFN13
First Name	Middle Name	Last Name	

		For Debtor 1		For Debtor 2 or non-filing spouse
Copy line 4 here → 4.		<u>\$2,354.96</u>		<u>\$0.00</u>
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	<u>\$466.22</u>		<u>\$0.00</u>
5b. Mandatory contributions for retirement plans	5b.	<u>\$0.00</u>		<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c.	<u>\$0.00</u>		<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d.	<u>\$0.00</u>		<u>\$0.00</u>
5e. Insurance	5e.	<u>\$0.00</u>		<u>\$0.00</u>
5f. Domestic support obligations	5f.	<u>\$0.00</u>		<u>\$0.00</u>
5g. Union dues	5g.	<u>\$0.00</u>		<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. +	<u>\$0.00</u>		<u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	<u>\$466.22</u>		<u>\$0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	<u>\$1,888.74</u>		<u>\$0.00</u>
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	<u>\$900.00</u>		<u>\$0.00</u>
8b. Interest and dividends	8b.	<u>\$0.00</u>		<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	<u>\$0.00</u>		<u>\$0.00</u>
8d. Unemployment compensation	8d.	<u>\$0.00</u>		<u>\$0.00</u>
8e. Social Security	8e.	<u>\$0.00</u>		<u>\$0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	<u>\$0.00</u>		<u>\$0.00</u>
8g. Pension or retirement income	8g.	<u>\$1,694.56</u>		<u>\$0.00</u>
8h. Other monthly income. Specify: _____	8h. +	<u>\$0.00</u>		<u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	<u>\$2,594.56</u>		<u>\$0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u>\$4,483.30</u>	+	<u>\$0.00</u> = <u>\$4,483.30</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____				
	11. +			<u>\$0.00</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12.			<u>\$4,483.30</u> Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?				
<input checked="" type="checkbox"/> No. <u>None.</u> <input type="checkbox"/> Yes. Explain: _____				

Fill in this information to identify your case:

Debtor 1	Brenda	Joyce	Mitchell
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS		
Case number (if known)	15-43913-RFN13		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses**12/13**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Ward</u>	<u>4</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Granddaughter</u>	<u>13</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Granddaughter</u>	<u>8</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes	4a. <u>\$166.67</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$100.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$200.00</u>
4d. Homeowner's association or condominium dues	4d. _____

Debtor 1 Brenda	Joyce	Mitchell	Case number (if known) 15-43913-RFN13
First Name	Middle Name	Last Name	

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$350.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$60.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$300.00</u>
6d. Other. Specify: _____	6d.	
7. Food and housekeeping supplies	7.	<u>\$500.00</u>
8. Childcare and children's education costs	8.	<u>\$120.00</u>
9. Clothing, laundry, and dry cleaning	9.	<u>\$100.00</u>
10. Personal care products and services	10.	<u>\$125.00</u>
11. Medical and dental expenses	11.	<u>\$180.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$300.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$50.00</u>
14. Charitable contributions and religious donations	14.	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	
15b. Health insurance	15b.	<u>\$420.00</u>
15c. Vehicle insurance	15c.	
15d. Other insurance. Specify: _____	15d.	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	
17b. Car payments for Vehicle 2	17b.	
17c. Other. Specify: <u>Ashley Furniture</u>	17c.	<u>\$106.00</u>
17d. Other. Specify: _____	17d.	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	
19. Other payments you make to support others who do not live with you. Specify: _____	19.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	<u>\$816.00</u>
20b. Real estate taxes	20b.	<u>\$140.83</u>
20c. Property, homeowner's, or renter's insurance	20c.	<u>\$110.00</u>
20d. Maintenance, repair, and upkeep expenses	20d.	<u>\$100.00</u>
20e. Homeowner's association or condominium dues	20e.	

Debtor 1 **Brenda** **Joyce** **Mitchell** Case number (if known) **15-43913-RFN13**
 First Name Middle Name Last Name

21. Other. Specify: _____ 21. + _____

22. **Your monthly expenses.** Add lines 4 through 21.
 The result is your monthly expenses.

22. **\$4,244.50**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$4,483.30**

23b. Copy your monthly expenses from line 22 above.

23b. - **\$4,244.50**

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. **\$238.80**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$79,500.00		
B - Personal Property	Yes	5	\$24,459.56		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	2			\$105,613.97
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			\$2,500.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4			\$22,684.00
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			
J - Current Expenditures of Individual Debtor(s)	Yes	3			
TOTAL		23	\$103,959.56	\$130,797.97	

B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re **Brenda Joyce Mitchell**Case No. **15-43913-RFN13**Chapter **13****STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$4,483.30
Average Expenses (from Schedule J, Line 22)	\$4,244.50
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$3,347.70

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$13,692.63
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$2,500.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$22,684.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$36,376.63

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Brenda Joyce Mitchell**

Case No. **15-43913-RFN13**

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/12/2015

Signature /s/ Brenda Joyce Mitchell
Brenda Joyce Mitchell

Date _____

Signature _____

[If joint case, both spouses must sign.]